MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Henderson; LENGTH OF STAY (in this place) 39 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Henderson
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print): (First) Esther (Middle) (Last) Antal

4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 53

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, married

8. DATE OF BIRTH: 1/10/1880

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Nagy

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yet, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Louis Antal Henderson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X Immediate cause (a) Pneumonia Congestive Hypostatic & Bronchial — Interval Between Onset and Death: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 5 years

(c) Rheumatic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1950, to Sept 4, 1953, that I last saw the deceased alive on Sept 3, 1953 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: Robert B. Wright (Degree or title) M.D. ADDRESS Greensboro Md. DATE SIGNED Sept 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9/7/53 | NAME OF CEMETERY OR CREMATORY Greensboro | LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. 9/6/53 | REGISTRAR'S SIGNATURE A. Clark Smith | 24. FUNERAL DIRECTOR R.B. Rawlings | ADDRESS Greensboro, Md.

VS. A15

RECEIVED
SEP 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08883

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hynson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Hynson

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Mae (Last) Collins
4. DATE OF DEATH (Month) September (Day) 14 (Year) 1953
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 1, 1953
9. AGE last birthday yrs. If under 1 year: Months 2 Days 13 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Caroline County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William President
14. MOTHER'S MAIDEN NAME Mary Louise Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS William President, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition — 2 Days

926.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congs open Attention - Poor

(c) living quarters

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) (COUNTY) 05 (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hanson T. George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 9/14/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 14, 1953
NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery
LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. Sept. 14, 1953
REGISTRAR'S SIGNATURE Margaret H. Frampton
24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md. ADDRESS

4073171404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08880

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Greensboro
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cherry Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) M. (Last) Conner
4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 19 53
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 6/12/1871
9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: No Record
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Arlie Conner Greensboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

33/X

Immediate cause (a) Cerebral Hemorrhage c Hemiplegia 7da

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE Charles H. Strangfer (Degree or title) M.D. ADDRESS Greensboro Md DATE SIGNED Sept 23 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/25/53 NAME OF CEMETERY OR CREMATORY Greensboro LOCATION (City, town, or county) Greensboro, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Sept 23-1953 REGISTRAR'S SIGNATURE L. McPippin 24. FUNERAL DIRECTOR. J. E. Boulais ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
SEP 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08881

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
LENGTH OF STAY (In this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural, give location) 501 Lincoln St

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Causey
4. DATE OF DEATH (Month) 9 (Day) 9 (Year) 1953
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 4-10-1875
9. AGE last birthday 78 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY Factory
11. BIRTHPLACE (State or foreign country) Centreville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Henry Causey
14. MOTHER'S MAIDEN NAME Mattie May Ross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. 218-24-7357
17. INFORMANT James R. Causey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary arteriosclerosis - chronic progressive — 5 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1929, to 9-9, 1953, that I last saw the deceased alive on Sept 9, 1953, and that death occurred at 5-p m., from the causes and on the date stated above.

SIGNATURE Paul Thotts (Degree or title) MD ADDRESS Denton Md DATE SIGNED Sept 9-1953.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE 9/12-53
NAME OF CEMETERY OR CREMATORY Ross's Chapel
LOCATION (City, town, or county) (State) Preston Md. R.D.
DATE REC'D BY LOCAL REG. 9/11/53
REGISTRAR'S SIGNATURE Jm D O'Keefe
24. FUNERAL DIRECTOR William A. Berry Jr.
ADDRESS Milford, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1953
BUREAU V. S.

Dr.D.Bartley's report also: film G158 10-2-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08882

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY CAROLINE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRESTON, MD | MARYLAND | LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CAROLINE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRESTON MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) KENNETH (Middle) ALLEN (Last) CURRY
4. DATE OF DEATH (Month) SEPT. (Day) 25 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH SEPT. 7, 1953
9. AGE last birthday 3 wks yrs. | If under 1 year Months | Days 18 | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME STANLEY Kenneth CURRY
14. MOTHER'S MAIDEN NAME Bettejane Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Bettejane Curry, & DR. D. BARTLEY; EASTON, MD Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

591X

Immediate cause (a) PNEUMONIA — 6 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) TRACHEO-BRONCHITIS — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Lawrence George (Degree or title) Acting Medical Examiner ADDRESS Elsinore Denton Md DATE SIGNED 9/26/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 9-28-53 | NAME OF CEMETERY OR CREMATORY HARRISBURG CEMETERY | LOCATION (City, town, or county) HARRISBURG (State) PENNA

DATE REC'D BY LOCAL REG. 9/30/53 | REGISTRAR'S SIGNATURE Cornelia W. Plummer

24. FUNERAL DIRECTOR MAURICE NEWNAM ADDRESS EASTON, MD.

2093241405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
LENGTH OF STAY (in this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) GRIFFITH (Last) DUKES
4. DATE OF DEATH: (Month) SEPT (Day) 28 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb 4, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Boon Dukes
14. MOTHER'S MAIDEN NAME: Maria Louisa Griffith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Miss Louise Dukes, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

117X

Immediate cause (a) Cancer of Prostate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to Sept 28, 1953, that I last saw the deceased alive on Sept 28, 1953 and that death occurred at 9:45 AM, from the causes and on the date stated above.

SIGNATURE Harry D. George (Degree or title) MD ADDRESS Denton Md DATE SIGNED 9/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 30 1953
NAME OF CEMETERY OR CREMATORY St. Elizabeth Churchyard
LOCATION (City, town, or county) Denton, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 9/29/53
REGISTRAR'S SIGNATURE Harry D. George
24. FUNERAL DIRECTOR Virgil Knowlton
ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro

LENGTH OF STAY (in this place) 1 Yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Schual Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton

STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) Elizabeth (Last) Dulin

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 53 19

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/4/1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Greensboro, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Rawlings

14. MOTHER'S MAIDEN NAME: Elmira Dishroon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: Rawlings Dulin Chester, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 334 X

Immediate cause (a) Cerebral Jaundice

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1953, to Sept. 16, 1953, that I last saw the deceased alive on Sept. 15, 1953, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE Charles H. Thomas Jr. M.D. (DEGREE OR TITLE) ADDRESS Greensboro Maryland DATE SIGNED Sept 17, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/19/53

NAME OF CEMETERY OR CREMATORY Greensboro

LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. Sept. 19-1953

REGISTRAR'S SIGNATURE L. Max Poppin

24. FUNERAL DIRECTOR J. E. Boulais

ADDRESS Greensboro, Md.

VS A15 (1-51)

RECEIV
SEP
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro
LENGTH OF STAY (In this place) 30 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) TURNER (Last) FLEMING
4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married
8. DATE OF BIRTH AUG 7, 1877
9. AGE last birthday 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) DELAWARE
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CHARLES FLEMING
14. MOTHER'S MAIDEN NAME FRANCES POWELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Frank T. Fleming, Hillsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X Immediate cause (a) Carcinoma of the right lower lobe bronchus — 3 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease — 15 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1952, to Sept. 15, 1953, that I last saw the deceased alive on Sept 13, 1953, and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE Bert Geller (Degree or title) M.D. ADDRESS Queen Anne DATE SIGNED 9/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 17, 1953
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Hillsboro, (State) Md.

DATE REC'D BY LOCAL REG. 9-16-53
REGISTRAR'S SIGNATURE Jm D Jeager
24. FUNERAL DIRECTOR J. Virgil Moore & Son
ADDRESS Denton, Md.

VS-A15

RECEIVED
SEP
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Central Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) W. Central Ave.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) F. (Last) Graven

4. DATE OF DEATH (Month) Sept (Day) 9 (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 10 1904 | 9. AGE last birthday 49 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Hempstead L.I.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Donnelly
14. MOTHER'S MAIDEN NAME Nellie Malaneffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Federalsburg Mr Edward Graven Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinoma of breast

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized melanosis

(c)

INTERVAL BETWEEN ONSET AND DEATH 7 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/17
19b. MAJOR FINDINGS OF OPERATION Ca. of [illegible]breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/ (.....), 1953, to 9/9, 1953, that I last saw the deceased alive on 9/9, 1953 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Frank M Anderson (Degree or title) M.D. ADDRESS Federalsburg Md. DATE SIGNED 9/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 12, 1953
NAME OF CEMETERY OR CREMATORY Hillcrest
LOCATION (City, town, or county) (State) Federalsburg Md.

DATE REC'D BY LOCAL REG. Sept. 12, 1953
REGISTRAR'S SIGNATURE [illegible] Deputy Reg.
24. FUNERAL DIRECTOR J Harvey Williams ADDRESS Federalsburg Md.

RECEIVED
SEP 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preservilla
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount — Rural
STREET ADDRESS (If rural, give location) Milton Rt.

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) Thomas (Last) Hastings
4. DATE OF DEATH (Month) Sept (Day) 4 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 12, 1935
9. AGE last birthday: 18 yrs. If under 1 year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Helper to father
10b. KIND OF BUSINESS OR INDUSTRY Marine a. m. g.
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Harry Franklin Hastings
14. MOTHER'S MAIDEN NAME Cathryn Belle Louden Hastings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 222-26-9206
17. INFORMANT AND ADDRESS Cathryn Belle Hastings Greenwood Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Struck fractured Skull — Sudden

X17X Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — Internal Injuries

(c) "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Fairmount (COUNTY) Caroline (STATE) Md.
TIME OF INJURY (Month) Sept (Day) 4 (Year) 1953 (Hour) 11:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile Accident & fire.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✗, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident ✗, suicide , homicide , undetermined .*

SIGNATURE Almon O. Tarr (Degree or title) Medical Examiner ADDRESS Denton Md. DATE SIGNED 9/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 7, 1953 — NAME OF CEMETERY OR CREMATORY Fairview Cemetery Inc. — LOCATION (City, town, or county) Seaford (State) Del.

DATE REC'D BY LOCAL REG. September 1, 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR William J. Graham, Jr. ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 10
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (In this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN same
STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Evers Wilford Mannahan

4. DATE OF DEATH (Month) (Day) (Year): Sept. 13, 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 15, 1907
9. AGE last birthday: 46 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Foxville, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Reuben Mannahan
14. MOTHER'S MAIDEN NAME: Rosa Williard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-03-9774
17. INFORMANT AND ADDRESS: Mrs. Evers Mannahan Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	Instantly
Antecedent cause(s) (b)	Mitral Stenosis - Hypertension -	1943
(c)		

420.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1943, to Sept 13th, 1953, that I last saw the deceased alive on Sept 10th, 1953, and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE: W. E. Lemon (Degree or title) M. D. ADDRESS: Federalsburg, Md. DATE SIGNED: 9-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 17, 1953
NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Md.

DATE REC'D BY LOCAL REG.: Sept. 17, 1953
REGISTRAR'S SIGNATURE: [illegible], Deputy
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: Federalsburg, Md.

LIBRARY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION, OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS 4 4th ST. (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) THOMAS (Last) MURRAY
4. DATE OF DEATH: (Month) SEPT (Day) 21, (Year) 1953
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Nov. 18, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: farm hand
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John D. Murray
14. MOTHER'S MAIDEN NAME: Mary Catherine Goldsborough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George Murray, Denton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary arteriosclerosis and occlusion — Interval Between Onset And Death: 2 years

420.1

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endemic gastro enteritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1951, to Sept 21, 1953, that I last saw the deceased alive on Sept 21, 1953, and that death occurred at 2:30 pm, from the causes and on the date stated above.
SIGNATURE Paul Mutts (Degree or title) MD ADDRESS Denton Md DATE SIGNED 9-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 25/53 NAME OF CEMETERY OR CREMATORY Springgrove LOCATION (City, town, or county) DENTON (State) MD
DATE REC'D BY LOCAL REGISTRAR 9/25/53 REGISTRAR'S SIGNATURE Mrs D D George
24. FUNERAL DIRECTOR Virgil Hoover Son ADDRESS Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08891

Reg. Dist. No. 66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Cleveland (Last) Wroten

4. DATE OF DEATH: (Month) September (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: August 16, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Railroad Employee

10b. KIND OF BUSINESS OR INDUSTRY: Trackman

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Wroten

14. MOTHER'S MAIDEN NAME: Annie Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Blanche W. Wroten, Ridgely, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

196X

Immediate cause (a) Carcinoma of Colon (metastatic)

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis.

19a. DATE OF OPERATION: Dec. 20 1949

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rectum

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Sept. 12, 1953, that I last saw the deceased alive on Sept. 11, 1953, and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE Charles H. Stearsler (Degree or title) M.D. ADDRESS Greensboro Md DATE SIGNED Sept 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 15, 1953

NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery

LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR September 15, 1953

REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR J.J. Frampton and Son

ADDRESS Federalsburg, Md.

VS. 206

RECEIVED
SEP 23 1953
BUREAU V. S.